Capacity:

Nenwo

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. SECRETARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction in business is: Kepair & Servich POISE DOSTE Saab 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address, Boie 11 23 09 Mike 7200 SOFERSON 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed: 1000 Sorenson We Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Name and address for this acknowledgment **Basement West** CODV IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE Signature: 01/16/1998 09:00 CK: none CT: 92746 BH: 73665 Printed Name: Mike

1 8 20.88 = 20.00 ASSUM NAME